MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	14381	CERTIFICA	ATE OF DEATH	Reg. Dist. No	. 14352
1	. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	16. COUNTY	fore admission)
	RURAL and give nearest town) Westover	84 VCS	c. CITY OR TOWN (If outside corporate)		
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ldress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Florence	Middle A. B	educhamp 4. DATE OF DEATH	Dec. 1	1960
I	emale White WIDOWED	DIVORCED	Apr. 9. 1876 3	S Lyrs. Months Days	R IF UNDER 24 HRS. Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KI 10b. KI 11b. KI 11	usework	Manokin, md.	12. CITIZEN	S. A.
1	John Wesley Beduc	hamp	Martha 1	nitchel	
	Yes, no, or unknown) [If yes, give war or dates of service)	Mi	iss Aileen Beduc	champ, Wes	tover, Ma
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	emia		INI	TERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate costs (o), stoting the under-lying couse lost.	teriosclero	sis of kidneys		years
NO LEADIN		riosclerosi	S		19. WAS AUTOPSY PERFORMED? YES NO
Ocorie.		IBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port 1 or Port II of	item 18.)	
42000	Hour o. m. While	Not while ol work	ACE OF INJURY (Home, farm, lory, street, office bldg., etc.)	own) (County	(Stote)
	21. I certify that I attended the deceased alive an 12-1-60 , 19 ACTUAL SIGNATURE PHYSICIAN'S The second of the deceased attended the deceased alive and the deceased attended	alls	7 , 19 , ta 12-1-60 accurred at 9:30PMram the ADDRESS (Street, Dames Quarte	e causes and an the do	ate stated above. DATE SIGNED
2	NAME (Type) EVERETT C.SU	tterMD 22c. NAME OF CEMETERY OF	R CREMATORY 22d, LOCATION	(City, town, or county)	(Stote)
3	3 FEMOVAL (Specify) Dec. 4,1960	St. Andrew	Scemetery Princ	24b. REGISTRAR'S SIGNATU	, md.
0	Kevin R. Wilson, Pre	ncess Cenr	DATE DEC 7 '60		

		**
	OF THE STATE OF TH	
	District State	
	Mill Toll drains and	
	AT SELECT	
Ted Physical Co.		Impachaba
		A STATE OF THE PARTY OF T
synth Marke	albour load rade.	
	and the state of t	tre box his rates
9 02-1-91 04 145 04-1-91 04	A None of the same	SA WALKER THE VEHICLES
Danue June		
	Q1112120	NO STREET EVENTS

TO HOSPITAL OF TO FUNERAL LA

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	14376		CERTIFIC	ATE	OF DEAT	TH					14	25)
1. PLACE OF DEAT o. COUNTY	Somerset		MARYLAN		o. STATE		deceased	lived. If in b. CO		Reside			lan)
	VN (If outside corporate limits ve neorest town) Crisfield		ifetime	1b	c. CITY OR TOWN	(If outside		ote limits, w	vrite RU	RAL ond	give ne	arest taw	a)
d. NAME OF HO	OSPITAL (If not in hospitol, given 138 Maryland		ss)		d. STREET ADDRES	ss Maryl	and	Ave.		1			SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	First AND		Middle I.	В	URKE Lost		DATE OF DEATH		Month	embe	r		Yeor 1960
s. sex Female		7. MARRIED WIDOWED	NEVER MARRIED [eb. 25, 18	868	9	lost birth		Months	Days	Hours Hours	Min.
10o. USUAL OCCUI during most of None	PATION (Give kind of work do working life, even if retired)	ane 10b. KIND	OF BUSINESS OR IN	NDUSTRY	Crisfi					1	SA	FWHAT	COUNTRY
13. FATHER'S NAMI	Abraham D.	Somer	8	1	4. MOTHER'S MAID	allie		son					
15. WAS DECEASED (Yes, no, or unknown) No	EVER IN U. S. ARMED FORC	vice)		Mrs.	Reese Be	tts	Poto	mac S	Addre		sfi	eld,	Md.
gove rise cause (o), sta lying cause	of the significant conditions of the conditions	OTTIONS CONTR	RIBUTING TO DEATH	BUT NO	OT RELATED TO THE T	TERMINAL	DISEASE	CONDITIO	N GIVE	N IN PA	RT I(o)	PERFC	DRMED?
200. ACCIDEN OR CONTRIBU (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (I	Enter nature of injur	ry in Part I	l or Port	II of item 1	(B.)			162) NO√[
Hour a	NJURY Month, Doy, Year . m. 19	While	OCCURRED 20e Not while of work		OF INJURY (Home, y, street, affice bldg.		Of. (City o	or town)			(County)		(State
	RE Sauch V		he deceased from 1920, and the		ATTENDING	. 0	fram t	he cause				stated	
NAME (Ty	pe) Sarah M. Pe				Mai			isfi					
Buria I	=		NAME OF CEMETER		tery	(Crist	on (City, 1	, Mo	l		(Sto	te)
24. FUNERAL DIREC	Bradshaw & Son	nsCri	sfield, M	d.		REC'D BY		31 2Sb.		ran's s			

THE RESERVE OF THE PARTY OF THE 2867 (32.00) A THE STATE OF THE AND A the collection of a party seed for exact the collection of the col TO A SAN LAWFORD IN THE REAL PROPERTY OF THE PARTY OF THE the street of the state of the at the Late of the second

VS. A15ME(5) 5M 9/55

MAR	YLAND ST	ATE DEPART	MENT OF HE	EALTH-BALT	IMORE, 18
14277	MEDICAL	EXAMINE	R'S CERTIFI	CATE OF	DEATH

			7	1	1)	8	7
Reg.	Dist.	No.	1	堂	0	U	4

4471					Reg. Dist. rec	. 4 400 2
1. PLACE OF DEATH o. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE o. STATE MARY		b. COUNT	Y SOMERSE!	fore admission)
b. CITY OR TOWN Iff outside corporate limits, write RURAL and give nearest found CRISFIELD	C. LENGTH OF STAY IN 16 LIFETIME	c. CITY OR TOWN	(If outside corp			
d. NAME OF HOSPITAL OR INSTITUTION (IF not in H	nospitol, give street address)	d. STREET ADDRESS	ST ST.			e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First DECEASED (Type or print) SETH	Middle GAI	LLOWAY	4. DATE OF DEATH	DECEM		Year 19 60
5. SEX 6. COLOR OR RACE 7. MAR WHITE WIDOV	RIED NEVER MARRIED 8.	FEB. 1, 190		9. AGE (In years last birthday) 53 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) PATROLMAN	NIND OF BUSINESS OR INDUSTI	CRISFIELI			12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME CHARLES E. GA	LLOWAY	14. MOTHER'S MAIDEN		LLE RIGG	IN	
[Yes, no, or unknown] [If yes, give war or dates of service]		FORMANT S. ELLA CHE	LTONL	Address OCUST ST		IELD, MD.
Canditions, if any, which gove rise to immediate cause (a) Conditions, if any, which gove rise to immediate couse (b), stoling the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV		9. WAS AUTOPSY PERFORMED?
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	IBE HOW INJURY OCCURRED. (Er	nter noture of injury in Po	ort 1 or Port 11	of item 18.)		
Hour a.m. Wh		E OF INJURY (Home, for ry, street, office bldg., el		or town)	(County)	(Stote)
21. I certify that I took charge of the death resulted from: Natural causes ACTUAL SIGNATURE		ide , Homicio	de 🔲, Un	spection (7,		, and find that DATE SIGNED
EXAMINER'S R. H. JOHNSON,	MD			- WU	E 18-	160
220. BURIAL CREMATION, PEROYAL (Specify) BURIAL DEC. 20, 1960	MD 22C. NAME OF CEMETERY OR C CRISFIELD CEME	DEPUTY MEDICAL	22d. LOCAT	ION (City, town, or ISFIELD,	or county)	(Stole)

			15 3 r =	
	1 2 0	Deller Visit		
		The Court Ship He		
. ne principal de la companya de la				
				247
	The second second second	TAN SERVICE		
	Charles Could	OLO TELIDI-ETO		

23. FUNERAL DIRECTOR'S SIGNATURE

	1			TATE DEPARTA					18 Reg. Di	st. No.	14	355
1.	PLACE OF DEATH	nerset		MARYLA	ND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset						
-	Princess	f outside corporate limits, wr	to RURAL	c. LENGTH OF STAY IN 75 yrs.	1b	c. CITY OR TOWN (IF Princess		porate limits, write	RURAL and	give ne	arest for	vn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						d. STREET ADDRESS Antioch Ave.	.,Ext.	1			ON	SIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)	Este	ella	Middle C e	G	fordy	4. DATE OF DEATH	Dec.	7	Day		60
5. 5	Female	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED	8.	May 2, 1885		9. AGE (In years last histhday) yrs.	Months (Days	Haurs	R 24 HRS. Min.
100	. USUAL OCCUPATE Juring most of working None	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR IND	USTR	Maryland	or foreign o	country)		S.A	WHAT	COUNTRY?
13.	Edward :	L. Dryden				14. MOTHER'S MAIDEN N Sarah Eliz		Gibbons				
15. (Yes	WAS DECEASED EV	'ER IN U. S. ARMED FO (II yes, give war or dates o		SOCIAL SECURITY NO. 17		rormant 's. Guy Benne	ett	Address Princess	Anne,	Ma	ryla	nd
	100000000000000000000000000000000000000	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	Ca	or (0), (b), and (c).} rcinoma of R ukemia	ig	ht Breast wi	th Me	tastasis		2-	yal hetwe	ars
ATION	gave rise to Imme (a), stoting the couse last.	diote couse DUE TO)	NTRIBUTING TO DEATH BE	א זע	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVI	EN IN PART	1(a) 19		UTOPSY
MEDICAL CERTIFICATION	20g. EXTERNAL CAI PRIMARY ☐ or COI CAUSE OF DEATH.	USE WAS NTRIBUTING 2	0b. DESCRIBE	HOW INJURY OCCURRED). (En	ter noture of injury in Part	1 or Part II	of item 18.)				140
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	20d. Il While at wor	Not while	PLAC	E OF INJURY (Hame, form ry, street, office bldg., etc.	20f. (Cit)	or tawn)	(Cou	nty)	N.	(Stote)
	21. I certify the		causes X			e, held on Autops) ide, Homicide	AMINER O	_			ond f	IGNED
220	BURIAL, CREMATIC	226. DATE THERE		22c. NAME OF CEMETERY St. Andrew (-			TION (City, town, o	-	Mar	(Stote ylan	

24b. REGISTRAR'S SIGNATURE

Cirthun S. Thomas

24a. REC'D BY REGISTRAR

DATE DEC 1 3 '60

ADDRESS

Princess Anne, Md

VS. A15ME(5) 5M 9/55

	SONCAL EXAMINEN'S CERTIFICATE OF DEATH	
All STATES		
	THE RESIDENCE OF THE PARTY OF T	
		MESSERG W. DROWN
National Property Comments		
	Caroni sente Herri de l'Esta de l'Es	

ADDRESS

24b. REGISTRAR'S SIGNATURE

24a. RECED BY REGISTRAR

DATE

No Mospital Assessment of the Mospital Assessmen

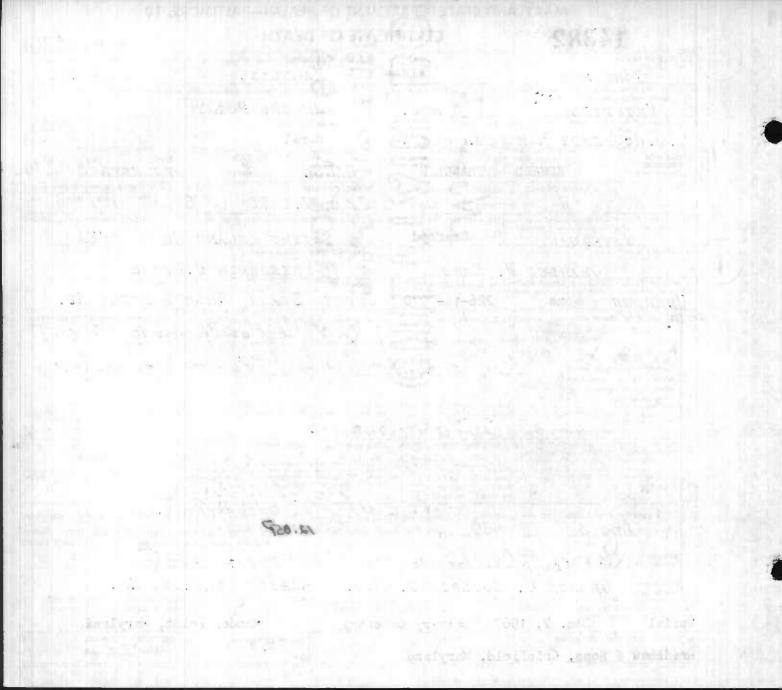
23. FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons, Crisfield, Maryland

certificate

the death

that



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14383

CERTIFICATE OF DEATH

14357 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Somerset	ND 2.	USUAL RESIDENCE. STATE		ere deceased	lived. If institution b. COUNTY		e before ad	mission)			
b. CITY OR TOWN (If RURAL and give nec	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	1	c. CITY OR TOW		utside corpor	The second secon		ive nearest	town)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, g	jive street	Life Time oddress)	e A	d. STREET ADDR	nd .				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	John fir	st	Middle R •	Mini	lost r Sr		4. DATE OF DEATH	Mor	ith	Doy 03	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D.	ATE OF BIRTH	4		AGE (In years last birthdoy)			NDER 24 HRS.
10a. USUAL OCCUPATION during most of working Corker	N (Give kind of working life, even if retired		KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE Maryls		or foreign ca	intry)	12. CITI	S A.	HAT COUNTRY
13. FATHER'S NAME Alexand	der Muir			14	i. MOTHER'S MAI			е			31
15. WAS DECEASED EVER	IN U. S. ARMED FOR F yes, give wor or dates of s		SOCIAL SECURITY NO.	Jes				Add	Anne.	Md	
PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c).] Congestive							INTERVA	L BETWEEN ND DEATH
Conditions, if on gove rise to im couse (o), storing the lying couse tost.	mediate DUE TO)	Arterioscl						EN IN PART	1(a) 19. W	ars
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING		CRIBE HOW INJURY OCCU							PE	RFORMED?
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	20d. It While at work	_ Not while_	e. PLACE foctory,	OF INJURY IHome street, office bld	e, farm, g., etc.	20f. (City	or town)	(C	ounty)	(State)
21. I certify the olive on 12 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	et I attended the 23-60 CUE Everett	19	and that de		curred at	6am	LM, from	the causes of the cause of	ind on th	e dote si	
220. BURIAL, CREMATION REMOVAL (Specify)	12/27/6)F	2c. NAME OF CEMETER		EMATORY			ON (City, town, o		,	Stote)
23. FUNERAL DIRECTOR'S		r.Pr	ADDRESS cincess Ani	ne,M			BY REGISTR	AR 24b. REGIS	STRAR'S SIG	NATURE	

TO HOSPITAL O VS A15 (4) 15M 9/55

	THE RELEASE AND ADDRESS.		
No. of the Property of	TA SAUTLET DEAD	STATE OF THE PARTY	
	erwell-gulet don	Glosgidate	
			multiplinger of three a list
	DITE-THE		
	St. sw. 12-8-26.		en tras eta le menua i da O e 15 e S I constitui
			2 (2 1 2 % 7 %) the last

exe	d be		tion.
O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay is necessary, please exe-	shoul	forwarded The Chief Medical Examiner's Office along with form PM3. Page 5 may be estained for your file	remo
'D	4		ol.
ssory	Page)	buric
ece			ţo,
is n	1		ě
ó	di.	File	0
de	rol	10	stra
ony	fune	r yo	regi
<u></u>	he	of fo	the state
th.	to	TRE.	E
dec	9	5	2 %
Her	O	be	Pu
30	, 2,	JOY	-
חסנ	es	10	odes
24 1	Pag	age	DO a
ie.	ve	4	Ę
W.	O	M3.	iit.
ted	00	E P	Sern
DO:	lem	for	sit g
e X	0	ii.	ron
q F	ci	8	-10
oul	pen	noic	bur
15 6	.=	Se	0
S	Bu	Offi	0
THE .	ipu		USe
s ce	. be	ine	be
Ē	pro	XON	pluc
EB	W .	OIE	3 sho
N N	# th	edic	ag.
X	iting	E N	Po
-	W	hie	OR
S	ote,	e C	ECT
AED		1	DIR
X	Cit	po	AL
5	the	ord	NER
DE	ote	DIW	5
0	O	4	0

VS. A15ME(S) SM 9/55

1. PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	2. USUAL RESIDENCE (o. STATE Mar	where decease yland		ution: Residence		nission)
b. CITY OR TOWN	(If outside corporate limits, write micole	RURAL	c. LENGTH OF STAY IN 16 life	Criol		orate limits, write	RURAL and gi	ive nearest t	own)
d. NAME OF HOSPI	TAL OR INSTITUTION (I	f not in hospi	tal, give street address)	d. STREET ADDRESS				10	RESIDE A A FA
NAME OF DECEASED (Type or print)	Lelan		Middle S _m	Muir	4. DATE OF DEATH	Dece	mber 3	Day	Year 1960
Male	6. COLOR OR RACE White	7. MARRIED		July 21,1		9. AGE In years lost-birthday) yrs.	Months Da		1
de USUAL OCCUPAT	ION (Give kind of work of ing life, even if retired)	done 10b. Kil	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote Mary.		ountry)	12. CITIZEI	OF WHA	
13. FATHER'S NAME Sylvest	ter Muir			14. MOTHER'S MAIDEN Sadie		r			g
15. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give war or dates of s	RCES? 16. SO		rs. Leland	Muir,	Address Orio	le, Mo	1.	
Canditions, if gove rise to imme (a), stating the couse last.	underlying DUE TO (c).	DITIONS CON	ITRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	/EN IN PART 1(PERF	ORME
PART II. OT	USE WAS DITRIBUTING []	b. DESCRIBE I	HOW INJURY OCCURRED. (Enter nature of injury in Pa	rt I ar Part II (of item 18.)		YES 🔲	NO
		- 1001 101							
20c. TIME OF INJU	JRY Month, Day, Year	While at work	Not while fact	ACE OF INJURY (Hame, fari tary, street, affice bldg., etc	m, 20f. (City	or town)	(County	1)	(5
Hour o. m. p. m. 21. I certify t	19	While of work	Not while fact of work mains described about	tary, street, affice bldg., etc	SY , In	spection [],	Inquiry	DATE - 19	fin

	HITAEG AT BY DEATH	MAK EXPERIS	4.14
n 4	注:"是是然此才 等		
			Total Control of the
32.0	The second control of		
		and the second feet	

THE S

		COUNTY					MARYLAND	2. USUAL R		/here deceas	ed lived. If Instit		dence bel	fore adm	ission)
MA)	b	. CITY OR TOWN	(If outside corporate limi	its, write R	URAL C	LENGTH OF	STAY IN 1b	c. CITY C	OR TOWN (IF	outside corp	porate limits, write	RURAL a	nd give n	earest to	wn)
	N	It Verne			7	7 Days		MI Ve	ernon	X					
	d	. NAME OF HOSP	ITAL OR INSTITUTION	ON (If n	not in hospite	al, give street o	address)	d. STREET	ADDRESS	1				ON	A FARM?
	-1	NAME OF DECEASED Type or print)	Edw	Fint 12 pd		Mide		och	cef	4. DATE OF DEATH	Mon		Day 26		Year 19 60
- 1	5. \$	EX	6. COLOR OR R	RACE 7.	- MARRIED	NEVER MA	ARRIED 8	DATE OF BIR	TH		9. AGE (In years last birthday)		R TYEAR		ER 24 HRS.
	1	ale	Enfore	d	WIDOWED [DIVO	CED 🔲	12/20	/60		yrs.	Months	218	Hours	Min.
	10a.	USUAL OCCUPAT	ION (Give kind of a	work dor	ne 10b. KINI	D OF BUSINES	S OR INDUST	RY 11. BIRTHI	PLACE (State	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
		None			No	one		Mar	yland	4			U S	A.	
	13.	FATHER'S NAME	701-0-1-						S MAIDEN N						
		Robert							SIE 0	OHES					
		WAS DECEASED E	VER IN U. S. ARME (If yes, give war or de			CIAL SECURITY		FORMANT	T)1 1-	9 8800 W	Address	100			
1								pert.	Rnock	·MT /	<i>Jernoh</i>	MD			
1		18. CAUSE OF DE	ATH Enter only on	ne couse									INTE	WAL BETW	EEN
		DART I DE			per line for	(o), (b), ond (c	3.]						ONSE	T AND DE	طاد
		PART I. DE	ATH WAS CAUSED	8Y:	per line for	1	che	- pr	em	ma			S	T AND DE	in
		491	ATH WAS CAUSED IMMEDIATE CAUSED DU	8Y:	per line for	1		-pn	em	ma	۷		ONSE	AND DE	us
V		49 Conditions, if	ATH WAS CAUSED IMMEDIATE CAUSED DU	8Y: SE (a) _	per line for	1		- pn	em	ma	<u> </u>		ONSE	AND DE	es .
V		Conditions, if gave rise to imm (a), stating the	any, which ediote cause	8Y: SE (a) _	per line for	1		- pn	em	ma			ONSE	AND DE	es .
V		Conditions, if gave rise to imm (a), stating the cause lost.	any, which ediote cause underlying	8Y: SE (a) _ IE TO (b) IE TO (c)	/	Ben	che		uu	wa					
0	ICATION	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O	any, which ediote cause underlying DU	8Y: SE (a) _ IE TO (b) IE TO (c)	/	Ben	che		O THE TERMI	NAL DISEASE	E CONDITION GI	VEN IN PA	RT 1(o) 1	9, WAS	
0	. CERTIFICATION	Conditions, if gave rise to imm (a), stating the cause lost.	any, which ediote cause underlying DU	SY: SE (a) _ SE TO (b) _ SE TO (c) _ CONDIT	TIONS CONT	Ben	Ches .	OT RELATED T				VEN IN PA	RT 1(o) 1	9. WAS PERFO	AUTOPSY DRMED?
0	MEDICAL CERTIFICATION	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O	THE SIGNIFICANT AUSE WAS DUTE WAS DUTE OF THE SIGNIFICANT AUSE WAS DUTE	8Y: (a) _ (b) _ (b) _ (c) _ (c) _ (20b.	DESCRIBE HO	PRIBUTING TO	DEATH BUT N CCURRED. (E	OT RELATED T	injury in Part	I or Port II	of item 18.)		RT 1(o) 1	9. WAS PERFO	AUTOPSY DRMED?
0	CAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. C. CAUSE OF DEATH 20c. TIME OF INJ Hour a. m p. m	THE SIGNIFICANT AUSE WAS DUTE WAS DUTE OF THE SIGNIFICANT AUSE WAS DUTE	8Y: SE (a) _ SE TO (b) _ SE TO (c) _ CONDIT	DESCRIBE HO	TRIBUTING TO OW INJURY O URY OCCURRE Not while of work	DEATH BUT N	OT RELATED T	injury in Part (Home, farm ce bldg., etc.)	I or Port II	of item 18.)	(C	RT 1(a) 1	9, WAS PERFO YES	AUTOPSY DRMED? NO [
0	CAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJIHOUT a. m. p. m. 21. I certify	arth Was Caused IMMEDIATE CAU: Output Only, which edicte cause underlying DU THER SIGNIFICANT AUSE WAS DUTRIBUTING III. URY Month, Day III.	8Y1 SE (a) _ SE (b) _ SE TO (c) _ CONDIT	DESCRIBE HO 20d. INJU While of work	OW INJURY O URY OCCURRE Not white at work nains descri	DEATH BUT N CCURRED. (E	not related to	(Home, farm ce bldg., etc.)	or Port II	of item 18.) or town)	(C	ounty)	9, WAS PERFO YES	AUTOPSY DRMED? NO [
0	CAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJ Hour a, m p. m 21. I certify death resulte	any, which edicte cause underlying DU THER SIGNIFICANT AUSE WAS DNTRIBUTING D LIRY Month, Day Chat I took cho	8Y1 SE (a) _ SE (b) _ SE TO (c) _ CONDIT	DESCRIBE HO 20d. INJU While of work	OW INJURY O URY OCCURRE Not white at work nains descri	DEATH BUT N CCURRED. (E	not related to	(Home, farm ce bldg., etc.)	or Port II	of item 18.) or town)	(C	ounty)	9. WAS PERFO YES , and	AUTOPSY DRMED? NO (Stote)
0	CAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJIHOUT a. m. p. m. 21. I certify	any, which edicte cause underlying DU THER SIGNIFICANT AUSE WAS DNTRIBUTING D LIRY Month, Day Chat I took cho	8Y1 SE (a) _ SE (b) _ SE TO (c) _ CONDIT	DESCRIBE HO 20d. INJU While of work	OW INJURY O URY OCCURRE Not white at work nains descri	DEATH BUT N CCURRED. (E	OT RELATED T	(Home, farm ce bldg., etc.)	20f. (City	of item 18.) or town)	(C	ounty)	9. WAS PERFO YES , and	AUTOPSY DRMED? NO (Stote) find that
2	CAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJ Hour a. m p. m 21. I certify death resulte	any, which edicte cause underlying DU THER SIGNIFICANT AUSE WAS DNTRIBUTING D LIRY Month, Day Chat I took cho	8Y1 SE (a) _ SE (b) _ SE TO (c) _ CONDIT	DESCRIBE HO 20d. INJU While of work	OW INJURY O URY OCCURRE Not white at work nains descri	DEATH BUT N CCURRED. (E	OT RELATED T Inter noture of DE OF INJURY Dry, street, office Ve, held a Cide, _M.D. CHIEF	(Home, farm ce bldg., etc.) n Autops) Homicide	20f. (City	of item 18.) or town) aspection	(C	ounty)	9. WAS PERFO YES , and	AUTOPSY DRMED? NO (Stote)
2	CAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJ Hour a. m p. m 21. I certify death resulte	any, which edicte cause underlying DU THER SIGNIFICANT AUSE WAS DNTRIBUTING D LIRY Month, Day Chat I took cho	8Y1 SE (a) _ SE (b) _ SE TO (c) _ CONDIT	DESCRIBE HO 20d. INJU While of work	OW INJURY O URY OCCURRE Not white at work nains descri	DEATH BUT N CCURRED. (E	not related to the noture of the control of the con	(Home, farm ce bldg., etc.) n Autops) Homicide	20f. (City	of item 18.) or town) aspection andetermined	(C	ounty)	9. WAS PERFO YES , and	AUTOPSY DRMED? NO (Stote) find that
2	MEDICAL CERTIF	Conditions, if gave rise to imm (a), stding the cause lost. PART II. O 20a. EXTERNAL C. FRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJI HOUT a. m. p. m. 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATI	ATH WAS CAUSED IMMEDIATE CAU: DU any, which underlying DU THER SIGNIFICANT AUSE WAS DITRIBUTING URY Month, Day Chat I took chat d from: Natu	8Yr SE (a) _ SE (b) _ SE TO (b) _ SE TO (c) _ CONDIT 20b. 19 arge oural ca	DESCRIBE HO 20d. INJU While of work Of the ren	OW INJURY O URY OCCURRE Not white at work nains descri	DEATH BUT N CCURRED. (E D 20e. PLAC focto ibed abo	nter noture of E OF INJURY Try, street, office ve, held a cide, _M.D. CHIEF ASSIST DEPUT	(Home, farm ce bldg., etc.) n Autops) Homicide	20f. (City 20f. (City 1 r AMINER EXAMINER	of item 18.) or town) aspection andetermined	(Co., Inquicause [ounty)	9. WAS PERFO YES , and	AUTOPSY PRMED? NO (Stote) find that
2	MEDICAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJ Hour a, m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ATH WAS CAUSED IMMEDIATE CAU: DU any, which underlying DU THER SIGNIFICANT AUSE WAS DITRIBUTING URY Month, Day Chat I took chat d from: Natu	8Yr SE (a) _ SE (b) _ SE TO (b) _ SE TO (c) _ CONDIT 20b. 19 arge oural ca	DESCRIBE HO 20d. INJU While of work Of the ren	OW INJURY O URY OCCURRE Not while of work nains descri	DEATH BUT N CCURRED. (E D 20e. PLACE focte ibed abor , Suid	nter noture of E OF INJURY Try, street, office ve, held a cide, _M.D. CHIEF ASSIST DEPUT	(Home, farm ce bldg., etc.) n Autops) Homicide	20f. (City 20f. (City In Ur AMINER EXAMINER 22d. LOCAT	of item 18.) or town) aspection andetermined	(Control or country)	ounty)	9. WAS PERFOYES	AUTOPSY PRMED? NO (Stote) find that
2	MEDICAL CERTIF	Conditions, if gave rise to imm (a), stating the cause lost. PART II. O 20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH 20c. TIME OF INJ Hour a, m p, m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL CREMATI	ATH WAS CAUSED IMMEDIATE CAU: DU gany, which ediote course underlying DU THER SIGNIFICANT AUSE WAS DATRIBUTING II LIRY Month, Day That I took che d from: Nature ON, 22b. DATE THE III	8Yr SE (a) _ SE (a) _ SE (a) _ SE TO (b) _ SE TO (c) _ CONDIT	DESCRIBE HOWARD OF the renuses 1, 220	OW INJURY OF COURSE OF COU	DEATH BUT N CCURRED. (E D 20e. PLACE focte ibed abor , Suid	not related to the property of	(Home, farm ce bldg., etc.) n Autops) Homicide MEDICAL EX ANT MEDICAL E	20f. (City 20f. (City In Ur AMINER EXAMINER 22d. LOCAT	of item 18.) or town) aspection and termined of the control of the	(Control or country)	ounty)	9. WAS PERFO YES D DATE:	AUTOPSY PRMED? NO [] (Stote) find that

The ADM of the State of the Sta THE STATE OF THE S III were the training of experience from the paster of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exe Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY Somerset Maryland Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and nive nearest town Crisfield Life Crisfield e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? direc Old State Rd. Old State Rd. YES NO A pri files NAME OF 4. DATE First Middle Month Day Year DECEASED JAMES. FRANK STEPHENS December 15 60 19 (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. nd 3 to the for retained for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH Haurs Months White Jan 29. 1896 Male WIDOWED | DIVORCED T yes. 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

Cutlery Mfg.

Maryland 12. CITIZEN OF WHAT COUNTRY? puo USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy poges Mary Elizabeth Hall Collins Stephens Pages oge 5 r Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None 8. Give Mrs. Estella Mae Stephens, Crisfield, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY pe d IMMEDIATE CAUSE (a) olong with far burial-tronsit p DUE TO Conditions, if any, which in pencil gove rise to immediate cause rertificate should be pending in pending in pending in pendiner's Office olong DUE TO (o), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY SO CERTIFICATION PERFORMED? used YES 🗔 NO M 20g. EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) writing the word 'hief Medicol Exami should 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) factory, street, affice bldg., etc.) g. m. Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\preceq\). Inquiry P, and find that Inspection 14. cute the ce ote, writ forworded the Chief O FUNERAL DIRECTOR: death resulted from: Natural causes Suicide , Homicide , Accident . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TH R. H. Johnson NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Crisfield, Maryland Dec 18, 1960 Sunnyridge Cemetery Burial **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chillian S. Frank

DATE DEC 2 0 '60

Bradshaw & Sons, Crisfield, Maryland

VS. A15ME(5) 5M 9/55

SLOMITIAL HISSHIRD THEM THE STATE SHADY AM

All Single Silver The state of the s Little Constant of account of allegan loss DOMESTIC SOLD WITH THE STATE OF THE STATE OF bredgest ofe later versels and record to se

John A.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14386 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

		No.	7	1	")	13	4
Reg.	Dist.	No.		4	0	U	1

1. PLACE OF DEATH o. COUNTY Solerset	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		b. COUNTY SOMETSE	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Manokin	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF X Manokin	outside corporate li	mits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Emma	Middle Ste	wart	4. DATE OF DEATH	Month I2	Day Year 22 1960
5. SEX 6. COLOR OR RACE 7. MARR Female Colored Widows	TEO CO TOTAL MARKET	B. DATE OF BIRTH 5/20/1888		GE (In years IF UNDE to birthdoy) Months yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stor	e ar foreign country) 12. CI	S A.
13. FATHER'S NAME Benjam Stewart		14. MOTHER'S MAIDEN Esabella			
		with Craig	Manokin	Address , Marylan	d
gove rise to immediate coese (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	Jia betis aci	NOT RELATED TO THE TERM			Years RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
<u> </u>	Not while to di work 11-3-6	accurred at 6p1	12-22-6	19,that I causes and an initial or lown, state)	(County) (Stote) last saw the decease the date stated above DATE SIGNE d 12-23-6
PHYSICIAN'S Everett C. Sut 220. BURIAL (REMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/25/60	terMD 22c. NAME OF CEMETERY CO	PR CREMATORY	22d. LOCATION Manoki	(City, town, or county) n Mary	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE William H. james Jr.Pr	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SI	

			a
	in the		
THE STATE OF THE S		10 × 0 1 0 11 4	the country of the same of
Company of the second second			Pert regular free affilia 16.5
MITTAGE TO SEE STATE OF THE PARTY AND			
			BURNAL STORESTS C.
		PROBE	

14380 CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) 00 d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO D . S NAME OF Middle Month Day Year DECEASED OF (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BURT 9. AGE (In years last birthday) Hours Min. WIDOWED [DIVORCED [yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or, fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) deat puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [If yes, give wor or dates of service] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Lew **DUE TO** Conditions, if any, which gave rise to immediate 5 .c DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NOS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur o. m. While Not while 19 at wark at work p. m. 21. I certify that I attended the deceased from 1900, that I last saw the deceased ach and that death occurred at 3 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 3 shoul PHYSICIAN'S the registror NAME (Type) FUNER 22b. DATE THEREOF BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of sounty) poge 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURI VS A15 (4) arthur & Krawa 15M 10/57 loves

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

